

FILED OCT 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32709**
8400

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Florissant 405-0	
c. LENGTH OF STAY (in this place) 10hrs		d. STREET ADDRESS (If rural, give location) Route 2 Box 98	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) Ida	b. (Middle) Elizabeth		c. (Last) Arkes		9--5--1952	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 8-25-1885	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Florissant, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Alexander Aubuchon		13b. MOTHER'S MAIDEN NAME Virginia Montaigne		14. NAME OF HUSBAND OR WIFE Frederick Arkes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward Arkes St. Louis, Mo.,	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Mesenteric thrombosis			36 hours
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			years
		DUE TO (b) Rheumatic and arteriosclerotic heart disease with auricular fibrillation			
		DUE TO (c) fibrillation			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 9/5/52		19b. MAJOR FINDINGS OF OPERATION Mesenteric thrombosis (Dr. C. Alan McAfee)			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4/6X		

22. I hereby certify that I attended the deceased from **Jan. 29, 1952, to Sept. 5, 1952**, that I last saw the deceased alive on **Sept. 5, 1952**, and that death occurred at **4:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>W. Baumgartner</i>		(Degree or title) M.D.		23b. ADDRESS 3720 Washington Blvd., St. Louis		23c. DATE SIGNED 9/6/52
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9--8--1952		24c. NAME OF CEMETERY OR CREMATORY St. Ferdinand Cemetery Florissant, Missouri		24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. SEP 6 1952		REGISTRAR'S SIGNATURE <i>g. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ferguson, Mo.,	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed *S. M. White*

Licensed Embalmer No. *3973*

P. O. Address *Leigueson Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.